

DEPARTMENT OF MENTAL HEALTH

POLICY / PROCEDURE



SUBJECT: DEPARTMENT OF MENTAL HEALTH CODE OF ETHICS	POLICY NO. 100.1	EFFECTIVE DATE 02/15/02	PAGE 1 of 5
APPROVED BY: Director	SUPERSEDES #200 6/30/82	ORIGINAL ISSUE DATE 6/30/82	DISTRIBUTION LEVEL(S) 2

PURPOSE: 1.1 To establish Department of Mental Health (DMH) Code of Ethics.

POLICY: 2.1 All DMH personnel, including students and volunteers, must be committed to a belief in the dignity and worth of the individual human being. All personnel shall maintain integrity with respect to their duties as they come in contact with fellow employees, clients, other service providers and the public. Professionals shall be aware and observant of the laws, regulations, respective professional codes of ethics and other regulations and policies which relate to their professional conduct and understand that this code of ethics should not be taken as a comprehensive exploration of either ethics or professional conduct. All personnel are expected to abide by such professional ethical canons and procedures as they apply.

2.2 Confidentiality

2.2.1 Mental health personnel shall be conversant with and abide by the provisions of law pertaining to confidentiality.

2.3 Conduct and Behavior

2.3.1 Mental health personnel are expected to maintain high standards of behavior and responsibility at all times.

2.3.2 No staff member shall participate in a personal arrangement or business transaction that would generate potential or perceived conflicts of interest or compromise the staff member's ability to provide treatment and/or other services fairly and objectively. This includes, but is not limited to:

2.3.2.1 Referral of clients receiving mental health services from DMH to any private service – whether psychological, legal or the like that may be of potential monetary benefit to the staff member or staff member's associates or immediate family;

2.3.2.2 Any work based action which may affect or appear to affect private interests, financial or non-financial;

2.3.2.3 Any apparent preferential treatment to any private/public

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organization or individual.

2.3.3 A staff member shall avoid misrepresentation of his/her own professional qualifications, affiliations and purposes, or those of the colleagues, institutions and organizations with which the staff member is associated.

2.3.4 Concerns regarding a colleague's services or procedures should be addressed within appropriate communication channels as established by his/her chain of command, in keeping with applicable reporting mechanisms (e.g., hotlines) and relevant statutes/mandates (e.g., child, elder abuse).

2.3.5 A staff member shall demonstrate respect and dignity to all persons he/she encounters in the line of work.

2.3.5.1 Staff shall show equal respect toward co-workers regardless of gender, age, color, religion, national origin, disability or sexual orientation.

2.3.5.2 Mental health personnel shall not deny services to clients because of their race, color, religion, national origin, gender, age, disability or sexual orientation.

2.3.6 No mental health personnel shall engage in sexual harassment of either co-workers (current or former) or treatment recipients. Sexual harassment means any sexual advances, requests for sexual favors and other inappropriate verbal or physical conduct of a sexual nature directed at another person regardless of gender.

2.4 Quality of Service

2.4.1 The maintenance of high standards of professional competence and quality of service is the responsibility of all DMH personnel.

2.4.2 A mental health professional shall strive to offer services and use techniques that are of highest quality and effectiveness, using an evidence-based, outcome oriented focus. Services shall also be deemed appropriate by DMH, based on accepted community standards of care. Controversial or unconventional approaches shall be used with extreme caution and shall be discussed with appropriate supervisory or management staff prior to initiation.

2.4.3 Each individual shall be responsible for recognizing the limitations of

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his/her competence and will provide only services or use only procedures with which he/she is qualified and familiar.

- 2.4.4 Each individual has an obligation to seek appropriate consultation for problematic issues of client care.
- 2.4.5 Each individual shall recognize and avoid personal behavior and situations that may impair one's ability to treat consumers (e.g., use of drugs, undue emotional distress at work, lack of proper rest).
- 2.4.6 DMH staff shall intervene as appropriate when impairment that may harm consumers is observed in colleagues.

2.5 Competence

- 2.5.1 DMH staff shall show respect for persons of all cultural and linguistic backgrounds by providing clinically competent, culturally sensitive and linguistically appropriate services.
- 2.5.2 DMH staff shall avoid participation in or condoning of discriminatory practices and treat each other and each user of services equally and with compassion.

2.6 Clients' Rights

- 2.6.1 All mental health personnel should respect the dignity, privacy, self-worth and self-determination of all clients and should be conversant with and abide by the provisions of law pertaining to clients' rights.
- 2.6.2 The rights of client families and significant others shall also be fully respected and all reasonable efforts shall be made to include families of clients in all pertinent aspects of the client's care.

2.7 Therapist-Client Relationships

- 2.7.1 The professional relationship between a therapist and a client shall be based on accepted therapeutic principles and standards as determined by DMH and the therapist's profession, as established in pertinent professional codes of ethics.
- 2.7.2 The therapist shall maintain professional and objective personal

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conduct between the therapist, the client's family, and/or close associates.

- 2.7.3 The therapist should have a professional concern for his/her client. The therapist shall always maintain professional concern within the bounds of the therapist's professional responsibilities, so as to safeguard the welfare of the client, both during and after treatment.
- 2.7.4 Every effort must be made to discourage the development of personal favors and/or obligations in the therapeutic relationship.
- 2.7.5 It is the responsibility of the service provider/therapist to monitor services, in collaboration with management, in such a way as to avoid the fostering of personal obligations, such as sexual favors or financial collaborations.
- 2.7.6 The therapeutic relationship should never include behaviors on the part of the therapist which would be abusive or damaging to the client, or demeaning and not in the client's best interest. Any sexual behavior is interpreted to be abusive or damaging.
- 2.7.7 Per California State Law, sexual involvement with a client constitutes unprofessional conduct and is grounds for disciplinary and legal action, both during treatment and for at least two years following termination (Civil Code 43.93).
- 2.7.8 A therapist, in consultation with his/her supervisor, should attempt to terminate services and/or transfer a client when it is reasonably clear that the client will not benefit from the current therapeutic relationship.
- 2.7.9 With the support of management, care must be taken to ensure an appropriate setting for clinical work to protect both client and therapist.
- 2.7.10 A therapist having pre-existing social ties or relationships with a person seeking service should carefully evaluate with the supervisor his/her capability to treat that client effectively.
- 2.7.11 Each therapist shall take responsibility for assuring the continuity of his/her client's care.
- 2.7.12 A therapist shall not knowingly offer clinical services to a client who

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AUTHORITY: has a pre-existing professional relationship with a colleague without the colleague's knowledge unless requested by the client and/or in an emergency situation.

REVIEW DATE: Civil Code, Section 43.93

This policy shall be reviewed on or before February 15, 2007.